



NEW HAMPSHIRE FAMILY CAREGIVER SUPPORT PROGRAM

The Bureau of Elderly and Adult Services

Guide to Respite and Supplemental Grant Funds

THE NEW HAMPSHIRE FAMILY CAREGIVER SUPPORT PROGRAM

Guide to Respite and Supplemental Grant Funds

**DISTRIBUTED TO:
BEAS STATE OFFICE, BEAS DISTRICT OFFICES
SERVICELINK SITES**

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Section 1

The New Hampshire Family Caregiver Support Program

THE HISTORY OF THE NEW HAMPSHIRE FAMILY CAREGIVER SUPPORT PROGRAM

The New Hampshire Family Caregiver Support Program was established as a result of the Older Americans Act Amendments of 2000, Older Americans Act, as amended, Public Law 106- 501, Title III, Part E, which established an important new program called the National Family Caregiver Support Program.

Through this program the New Hampshire Division of Elderly and Adult Services is able to offer limited funds for short term respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities as well as for supplemental services to complement the care provided by the caregiver.

THE GOAL THE OF THE PROGRAM

The goal of this program is to relieve the emotional, physical, and financial hardships of providing continual care.

The National Family Caregiver Support Program (NFCSP), funded by the federal Older Americans Act, Title III E, helps persons of any age who serve as unpaid caregivers for persons sixty or older as well as grandparents (or other person 60 years of age or older) who are the legal guardians (or other legal relationship) and caregiver of a child not more than 18 years of age.

Eligibility Requirements

WHO IS ELIGIBLE FOR GRANT FUNDS?

- 1) The caregiver must be providing care to a care receiver who is 60 years of age or older and needs significant assistance with at least 2 or more Activities of Daily Living (ADL's: bathing, dressing,

toileting, transferring, walking, eating), or requires supervision due to mental impairment or a cognitive disorder.

Or

- 2) A grandparent or other individual age 60 years or older who lives with and is the primary Caregiver of a child not more than 18 years of age (this person has a legal relationship with the child such as legal custody or guardianship).

Priority consideration will be given to lower income individuals and those bearing the greatest caregiving responsibilities.

*Please note that these eligibility requirements are set by the Administration on Aging. No exceptions can be made.

Grant Application

WHERE CAN CAREGIVERS OBTAIN APPLICATIONS?

Applications can be obtained at the BEAS State Office, BEAS District Offices, and ServiceLink sites.

The full application includes:

- (1) Cover letter and instructions on applying for the grant
- (2) Application form
- (3) Standard Assurances and Rights form
- (4) Services Agreement Form - Respite
- (5) Services Agreement Form - Supplemental
- (6) Alternate W-9 form for Provider
- (7) Letter to Provider that explains the program to the requested provider.
- (8) Self Addressed, postage paid return envelope

Completed applications are to be mailed to the State Office for approval.

Please note: The initial application only determines eligibility and does not guarantee that the applicant will be approved for funds.

Mail completed original applications to:

NH Family Caregiver Support Program
Bureau of Elderly and Adult Services (BEAS)
129 Pleasant St., State Office Park South
Concord, NH 03301-3857

*The application is considered complete when the following are received at the BEAS State office: (1) the completed signed original application (2) signed Standard Rights and Assurances form (3) services agreement form(s) signed by both the caregiver and the provider (4) the Alternate W-9 form completed by the provider (it is not necessary for those providers who are already vendors to fill out the alternate W-9 form again) are received at the BEAS State Office.

GRANT AWARDS

Applications will be awarded funds on a first-come first-served basis based on a combination of file application date, the file completion date and the availability of funds. When the number of applications received exceed the funding availability, those applicants will be placed on a waiting list until additional funds are available.

Priority situations will be very limited and considered on a case-by-case basis, at the discretion of the Program Manager using the following criteria:

- High Priority – Caregiver has little to no supports that they can rely on for help, protective cases, providing 24/7 care, declining health issues of caregiver, extreme financial difficulties and there are no appropriate services available to assist them

Note: NHFCSP allows only a one-time grant (respite and supplemental services) per care receiver per state fiscal year. Any paperwork received for a new request will be returned to sender with a letter of ineligibility.

Applying for Respite and Supplemental Services

THE SERVICES AGREEMENT FORM

The *Services Agreement* form describes the services that a family Caregiver is requesting. This is their plan on how they would like to utilize the grant funds. This plan is submitted for approval.

Note: This agreement is part of the application process and does not constitute automatic approval.

Respite services: (\$2,000 cap for respite)

Services to provide short-term temporary relief for the Caregiver. The services can be: Help with personal care, protective and supervisory care provided in the home, homemaker services, an adult day facility, or temporary care in a residential or institutional setting.

For grandparents raising their grandchildren the services can be: Babysitters, after school programs, day camp, overnight camp and other similar programs.

- and / or –

Supplemental services: (\$1,000 cap for supplemental)

To complement the care provided by Caregivers. The services can be: Home repairs and equipment, such as handrails in bedroom or bath, shower stall modifications, wheelchair access or ramps, also chores, heavy cleaning, and transportation services.

Note: Supplemental funds cannot be used to increase the hours of respite care. Likewise, respite funds cannot be used to increase the amount of supplemental funds.

WHO CAN CAREGIVERS USE AS PROVIDERS?

The NH Family Caregiver Support program offers a lot of flexibility in whom the caregiver chooses as their respite providers. It can be anyone other than the primary caregiver (the main focus of the grant is to give the caregiver a break from caregiving responsibilities). Since this program is self-directed, they choose their provider. It can be a relative, a friend, a neighbor, a local agency, etc.

ASSISTING WITH FILLING OUT THE SERVICES AGREEMENT FORM

The caregiver is to complete the *Services Agreement* form with the agency or person who will be providing services (called “the Provider”).

The following needs to be filled out on the Services Agreement form:

1. The primary caregiver’s name, complete mailing address and telephone number.
2. The care receiver’s name.
3. The provider’s name, complete mailing address and telephone number.
4. Check the box of the service or services requested: either respite or supplemental or both (caregiver and provider fill out this section together).
5. The start and end dates of the services (example: Aug. 8 through Oct 10, 2004)
6. The estimated usage (example: 2 days a week, 4 hours a day, for 10 weeks)
7. The provider’s service rate (example: \$10 per hour, \$175. per day)

8. The total dollars requested for the service (not to exceed the maximum amount available through the grant).
9. Both the caregiver and the provider sign and date the form.
10. The provider fills out the Alternate W-9 form.
11. Return the Services Agreement form(s) and the Alternate W-9 forms by mail or by fax to:

NH Family Caregiver Support Program
Bureau of Elderly and Adult Services (BEAS)
129 Pleasant St., State Office Park South
Concord, NH 03301-3857

Fax number: 603 -271-4643

WHAT HAPPENS ONCE THE FORMS ARE RECEIVED AT BEAS?

If the chosen provider is not currently enrolled as a vendor for the State of NH, they will be enrolled as a provider in the State system. This will enable them to receive payments from the State as a vendor. Please note that the processing of the paperwork for a new provider can take up to three weeks.

If the caregiver meets the eligibility requirements, and the services requested on the *Services Agreement* form are eligible, and the funds are available BEAS will authorize services for payment. Funds are limited and as the number of applications exceeds the amount of funding available, the applications will be placed on a waiting list pending further funds.

How are Caregivers Notified that Services Have Been Approved?

- A. The family caregiver receives from BEAS an approval letter confirming that the *Authorization/ Services Invoice* was sent to the Provider.
- B. The provider receives from BEAS a formal *Vendor Authorization/Services Invoice* to the Provider to notify them that services are authorized and can be billed to BEAS. This is their formal notification that services have been approved.
 - Please note that No services can be performed or delivered until the *Authorization / Services Invoice* is sent to the provider (not to be confused with the Services Agreement form). This is the formal approval that services can begin.

- Services rendered prior to approval will be the responsibility of the family caregiver. No payments can be made in arrears.
- Additional charges or services not listed on the *Services Agreement* and/or the *Vendor Authorization/Invoice* will not be paid.

HOW DOES THE PROVIDER GET PAID?

1. The Provider completes the *Vendor Authorization / Invoice* and mails it to BEAS within 60 days of the service end date.

*The only exception to this is at the end of the fiscal year where all invoices need to be in by July 11th in order to be processed.

2. The State sends payment to the Provider. Should the Provider need to bill monthly or weekly they may want to make copies of the Authorization/Services Invoice form before they write on it to allow for multiple billings within the authorized time period.

Note: An invoice will not be accepted without being accompanied by the *Vendor Authorization/Invoice* form. Should an agency/provider have their own invoice form they may attach it to the Authorization/Invoice and send it in together.

3. Invoices are sent to the Bureau of Data Management (BDM) address:
Bureau of Data Management
PO Box 2000
Concord, NH 03301

Providers can request additional copies of the Authorization/Invoice form by phoning the Bureau of Data Management (BDM) number at the top of the *Vendor Authorization/ Invoice* form. 1-800-852-3345 ext. 4310.

NHFCSP Funding for Title III B or Title XX Recipients

The NH Family Caregiver Support Program grant funds are not intended to replace, substitute or supplement an existing benefit program, such as Title III B, a Social Service Block Grant (Title XX), Alzheimer's Disease and Related Disorders Respite Grant, etc.

EXAMPLE OF IMPROPER USE OF NHFCSP FUNDS

A BEAS contracting provider has balance billed NHFCSP for their Title III B or Title XX client. For instance:

1. One (1) Adult Day Care charge is \$60.00.
2. BEAS' Title III B contracted payment for this service is \$40.00.
3. The provider cannot bill the recipient or NHFCSP for the balance of \$20.00.

Since there may have been unclear billing guidelines in the past, causing some providers to expect that NHFCSP funds could supplement their Title III B or Title XX existing clients' accounts, this policy serves as an official notice. No balance billing is allowed.

Or:

If the care recipient is eligible for Title XX or Title IIIb assistance at the agency they are utilizing, they must use those funds. They cannot use NH Family Caregiver grant funds instead.

BEAS' CONTRACTING PROVIDERS MAY BILL NHFCSP ONLY IF:

1. Title XX eligibility requirements cannot be met by the care receiver
2. General Title III b funding is exhausted

Resources

Below is a list of current providers that caregivers are utilizing. This is by no means an exhaustive list nor does it constitute endorsement by the State offices.

IN - HOME RESPITE PROVIDERS

| | |
|---------------------------------------|----------------|
| Healthy At Home, Nashua | 603-595-4242 |
| HCS Preferred Care, Keene | 603-352-2253 |
| Maxim Healthcare Services, Manchester | 603-644-5003 |
| Homemakers of Strafford County | 603-335-1770 |
| Interim Healthcare, Manchester | 603-668-6956 |
| Excellence in Care, Merrimack | 603-423-0216 |
| Home Instead Senior Care, Windham | 603-432-0099 |
| Benda Homecare Services, | 603-431-0505 |
| Personal Touch, Londonderry | 1-800-916-9744 |

ADULT DAY CARE PROVIDERS

| | |
|--|--------------|
| Merriam House, North Conway | 603-356-5461 |
| Compass Care, Portsmouth | 603-430-8615 |
| St Joe's Adult Day Health Center, Nashua | 603-598-2473 |
| Easter Seals Adult Day Center, Laconia | 603-527-9355 |
| Silverthorne Adult Day, Salem | 603-893-4799 |

| | |
|---|----------------|
| The Steven's Center, Wolfeboro | 603-569-3350 |
| TLC Adult Medical Daycare, Concord | 603-224-8171 |
| Day Away Alzheimer's Respite Program, Merrimack | 603-880-4689 |
| Alzheimer's Respite Community Center, Berlin | 1-800-700-7654 |
| Rockingham Adult Medical Day Center, Brentwood | 603-679-5335 |

I N S T I T U T I O N A L R E S P I T E

| | |
|---|--------------|
| The Arbors of Bedford, Bedford | 603-647-9900 |
| Forestview Manor, Meredith | 603-279-3121 |
| Harborside Health Care Crestwood, Milford | 603-673-7061 |

H E A V Y C H O R E S , C L E A N I N G , Y A R D W O R K , S N O W S H O V E L I N G

| | |
|------------------------------------|--------------|
| Community House Calls, Chester | 603-887-7878 |
| G.P. Houston, Lisbon (snowplowing) | 603-838-6872 |
| Synergy Cleaning, Derry | 603-437-4747 |

H O M E M O D I F C A T I O N S , R A M P S , A S S I S T I V E E Q U I P M E N T

| | |
|---|--------------|
| Affordable Mobility, Inc., Auburn (home & auto) | 603-483-5922 |
| Merriam Graves Medical, Gorham | 603-466-2448 |
| Merriam Graves Medical, Laconia | 603-524-0333 |
| Keene Medical Center, Berlin | 603-752-7694 |
| Keene Medical Products, Lebanon | 603-448-5671 |
| Gosselin Plumbing & Heating, Berlin | 603-752-1450 |

| | |
|-------------------------------|----------------|
| The Fixit Program, Concord | 1-800-856-5525 |
| The Fixit Program, Franklin | 934-5856 |
| The Fixit Program, Manchester | 1-800-322-1073 |

E M E R G E N C Y R E S P O N S E S Y S T E M S

| | |
|--|--------------|
| Androscoggin Valley Hospital, Berlin (AVH) | 603-752-2200 |
| Lifeline Systems, Laconia | 603-527-9419 |

T R A N S P O R T A T I O N

| | |
|--------------------|--------------|
| Care Rides, Nashua | 603-897-0556 |
|--------------------|--------------|

Frequently Asked Questions

- Q. Can I use a different provider than the one originally requested and/or authorized?
- A. Yes. The caregiver can request blank forms from BEAS. The caregiver must complete and submit a revised Services Agreement form and a corresponding W-9 within 15 days of request. A note of the request will be marked in the caregiver's file. If the caregiver does not return revised Provider Agreement and W-9 prior to the due date, BEAS will reduce the authorization amount to equal the portion actually used and reallocate funds to other families in need.
- Q. Can I use respite funding to add to supplemental funding to purchase adaptive equipment or materials for home modification or add supplemental funding to respite services for additional respite care?
- A. BEAS allows up to \$2,000 for caregivers to receive respite services and up to \$1,000 for supplemental services. These cannot be combined to provide additional funding for one or the other.
- Q. If the caregiver, care receiver or provider resides in one of NH's bordering states, (Maine, Vermont or Massachusetts), can I still qualify for the Caregiver Grant?
- A. Various scenarios:
- A caregiver who resides in New Hampshire and provides primary care for a care receiver in a bordering state is eligible for the NHFCSP grant.
 - A care receiver who resides in New Hampshire and receives assistance from a caregiver in a bordering state is eligible for the NHFCSP grant.
 - A caregiver may use a qualifying provider both in state or out-of-state for services or products (qualifying providers are those who have completed the Alternate W-9 form provided in the application packet).
 - If both caregiver and care receiver reside outside of the state of New Hampshire and request services, they will be referred to the Family Caregiver Support Program in their state.

- Q. If I apply for respite services only and later find that I need to make some home modifications or require adaptive equipment to continue providing care. Can I apply for supplemental services at a later date?
- A. If a caregiver has requested respite services (or supplemental services) and later finds that their needs have changed and they now need supplemental services, BEAS will accept a second services agreement form for supplemental services (or respite services) provided funds are available.
- Q. My husband and I are caregivers for my mother. Can we both apply for the grant as separate caregivers?
- A. BEAS allows for one application for services per care receiver. The individual who is the primary caregiver (the one providing the majority of care for the individual they are caring for) should be the one completing the application.
- Q. Do I need a doctor's certificate to verify that the person I am taking care of needs help?
- A. No, you only need to answer the questions about activities of daily living on the application form for the services under this program.
- Q. Are there any income limits to qualify for these services?
- A. No, these services are available to all caregivers who meet the eligibility criteria.
- Q. Do I need to be related to the person I am caring for in order to qualify for support under this program?
- A. No, the definition of caregiver under this program includes relatives, friends, neighbors, or others providing unpaid care.
- Q. Are the funds from this program given directly to the caregiver?
- A. No, BEAS pays the provider directly.
- Q. What are respite care services?
- A. These are services that help caregivers take care of themselves by getting a break from their caregiving duties. You may apply for a few hours at time or as much as 7 consecutive days a year. The temporary respite services provided by these funds are not intended as a funding source for ongoing services.

Q. What are supplemental services?

A. These are services that caregivers may not be able to purchase in any other way and which will enhance their ability to provide care. The services include but are not limited to: chore services, snow plowing, home modifications to accommodate grab bars, wheelchair access, medical equipment, emergency systems, etc.

Q. If I am receiving other types of government assistance can I still qualify for funds under this program?

A. No, receipt of support under this program will not affect your ability to continue receiving other services for which you are eligible or receiving. However, state contracted agencies that offer Title XX and Title IIIb funds for which the care receiver is eligible should use those funding sources first. Only when these funding sources are depleted can the NH Family Caregiver Support Program funds be utilized.

Q. If I get funds through this program will it count as income and affect my eligibility for other programs?

A. No. Because the caregiver receives no funds directly they will not have to count the support as income.

Q. As a provider, are there taxes withheld from the checks that I receive?

A. No. For providers who receive over \$800 in payment within a calendar year they will receive a 1099 form from the State for which they will need to report as income.

Q. Who can I use to provide respite or supplemental services through this program?

A. This program allows caregivers to choose their own provider and negotiate the details of supplemental and respite services to meet their needs.

Q. What if the caregiver would like to use more than one provider?

A. If the caregiver is requesting services from more than one provider, a separate Services Agreement form needs to be completed for each provider. Caregivers may request additional forms from BEAS State office. However, they may not exceed the maximum dollar amount allowed for the service (\$2,000 for respite and \$1,000 for supplemental services).

Q. A provider has received a claims rejection form. Why would a claim (billing invoice) be rejected?

- A. A claim (invoice) can be denied for a few reasons. Here are some examples below:
1. The billed amount is greater than the authorized amount on the invoice/authorization form.
 2. The billed amount is greater than the available balance during that time period (this often happens when providers have not kept track of how much they have already billed out).
 3. The provider is billing for dates outside the date range on the authorization/invoice form. (for example: the authorized dates are for Sept 1-Sep 30, the provider is billing for dates Sept 25 – Oct 5. This claim would be rejected and sent back to the provider with a rejection letter).
 4. The provider faxes their invoice to the Bureau of Data Management and then follows it with the original in the mail. In this case BDM will process the faxed invoice. When the original arrives in the mail they will view it as a duplicate invoice and this one will be denied and a denied claim letter will be sent to the provider. We recommend choosing one method of sending the invoice only.

Glossary of Terms

Assistance: is defined as one-on-one contact to provide:

A. Information and Assistance: A service that provides current information on opportunities and services available; assesses the problems and capabilities of the individuals; links the individuals to the opportunities and services available; to the maximum extent practicable, ensures that the individuals receive the service needed, and are aware of the opportunities available to the individuals by establishing adequate follow-up procedures.

B. Case Management: Assistance either in the form of access or care coordination in circumstances where the older person or their caregivers are experiencing diminished functioning capabilities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.

C. Counseling/Support Groups/Training: Includes provision of advice, guidance and instruction about options and methods for providing support to caregivers in an individual or group setting.

Caregiver – The caregiver is the informal unpaid adult family member or individual (spouse, partner, friend, neighbor, etc.) who is providing care for a frail older individual who is 60 years of age or older. Or, a caregiving grandparent who is 60 years of age or older who is living with and has guardianship or other legal custody of a child not more than 18 years of age.

Care Receiver – The care receiver is the frail elderly individual or grandchild who is the recipient of the care.

Child - is defined as an individual not more than 18 years of age.

Grandparent or older Individual who is a relative caregiver: is defined as a grandparent or step-grandparent of a child, or a relative of a child by blood or by marriage, who is 60 years old or older and –

A. The grandparent lives with the child

- B. The grandparent is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
- C. The grandparent has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

Information: defined as group services, including:

- Public education
- Provision of information at health fairs, expos and other similar events
- Outreach – interventions for the purpose of identifying potential caregivers and encouraging their use of existing services and benefits

Provider- The Provider is the individual (family member, friend, neighbor) agency or professional whom the family caregiver chooses and who is paid to temporarily relieve the Caregiver from their caregiving responsibilities.

Respite Services- Temporary substitute supports or living arrangements to provide a brief period of relief or rest for caregivers. It can be in the form of in-home respite, adult day care respite, or institutional respite for an overnight stay on an intermittent, occasional or emergency basis.

Supplemental Services- Other services to support the needs of the caregiver on a limited basis. This may include home modification, such as handicap railings in the bathroom, wheelchair ramps, and adaptive equipment. It can also be used for transportation needs, snow removal, yard care, etc.